

9200

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-5-01

2 Serial/Patent # 89/525601

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

5-29-01

\$ 55

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 55

8 TO BE REFUNDED BY:



Treasury Check



Credit Deposit A/C #:

9

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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Fee not necessary

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Karen Creasy

TITLE: Pet. Exm.

SIGNATURE: Karen Creasy

PHONE: 305-8859

OFFICE: PAC for Patents

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Glenn Chase

DATE: 7/5/01

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: